## **Outpatient Services • Rehabilitation Clinics**

## April 2006 • Bulletin 378

#### Contents

Medi-Cal Training Seminars
Exceptions to Submitting CIFs1
CCS/GHPP SAR
Exceptions Update1

#### **Exceptions to Submitting CIFs**

Providers are reminded not to submit *Claims Inquiry Forms* (CIFs) for the following Remittance Advice Details (RAD) code messages, unless information on the CIF specifically addresses the denial reason. For example, if the denial was 002, but an error is found in the recipient ID on the original claim, this would be an appropriate CIF, with a changed recipient ID. However, if providers wish to challenge the determination, a CIF will result in the same denial. A review by a person in the appeals unit is the only way of resolving denials if the claim has a unique circumstance needing human intervention.

Code	Message
0002	The recipient is not eligible for benefits under the Medi-Cal program or other special programs.
0010	This service is a duplicate of a previously paid claim.
0072	This service is included in another procedure code billed on the same date of service.
0095	This service is not payable due to a procedure, or procedure and modifier, previously reimbursed.
0314	Recipient not eligible for the month of service billed.
0326	Another procedure with a primary surgeon modifier has been previously paid for the same recipient on the same date of service.

The updated information is reflected on manual replacement page  $\underline{\text{cif co 2}}$  (Part 2).

### **CCS/GHPP SAR Exceptions Update**

Effective for dates of service on or after April 1, 2006, California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) providers need a separate Service Authorization Request (SAR) for the following drugs, factors and nutritional products:

- Anti-Inhibitors (J7198)
- Factor VIIa Recombinant (Q0187)
- Minerals/Protein Replacements/Supplements
- Sildenafil
- Tadalafil
- Vardenafil
- Von Willebrand Factors (Q2022)

In addition, effective for dates of service on or after April 1, 2006, Factor VIIa Recombinant should be billed using HCPCS code Q0187. HCPCS code Z5230 will no longer be an active code.

This updated information is reflected on manual replacement page <u>cal child sar 6</u> (Part 2).

REH 1

# **Instructions for Manual Replacement Pages April 2006**

Part 2

## **Rehabilitation Clinics Bulletin 378**

Remove and replace: cal child sar 5/6

Remove: cif co 1 thru 10 lnsert: cif co 1 thru 11

Remove and replace: medi cr op 7/8 \*

<sup>\*</sup> Pages updated due to ongoing provider manual revisions.